FEC

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. State Farm Mutual Automobile Insurance Company Federal Political Action Committee (State Farm Federal PAC) One State Farm Plaza ADDRESS (number and street) c/o Mark Schwamberger, Treasurer, (Check if address is changed) Bloomington 61710-0001 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS SF-Federal-PAC@statefarm.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00544817 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Schwamberger, Mark, , , Type or Print Name of Treasurer Schwamberger, Mark,,, [Electronically Filed] 09 15 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2			
	COMMITTEE te Committee:				
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate					
Candidate Party Affil	Office Sought: House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party C	Ommittee:	(Domografia			
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Politica	Action Committee (PAC):				
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or part			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Eu	ndraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political			
	committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
Co	mmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4					

			- I
FEC Form 1 (Revised (,		Page 3
Write or Type Committee Name			
State Farm Mutual Autom	obile Insurance Company Federal	Political Action Committ	ee (State Farm Federal PAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representative	e, or Leadership PAC Sponsor
State Farm Mutual Aut	omobile Insurance Company		
Mailing Address	One State Farm Plaza		
	Bloomington		61710-0001
	CITY	STATE	ZIP CODE
Relationship: x Connected	d Organization Affiliated Committee	Joint Fundraising Represent	Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	atify by name, address (phone number	optional) and position of the	person in possession of committee
Schwambe	erger, Mark, , ,		1
Full Name	One State Farm Plaza - D2		
Mailing Address			
	Bloomington	IL.	61710
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	309 - 766 - 8826
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t assistant treasurer).	he treasurer of the committee	e; and the name and address of
Full Name Schwambe of Treasurer	erger, Mark, , ,		
Mailing Address	One State Farm Plaza - D2		
	Bloomington		61710-0001
Title on Deep's	CITY	STATE	ZIP CODE
Title or Position Treasurer		Telephone number	309 - 766 - 8826

FEC Form 1 (Re	evised 02/2009)		Page 4			
Full Name of Designated Agent Oehle	er, Todd, D., ,					
Mailing Address	One State Farm Plaza - D2	1				
	Bloomington	LL 61710 STATE	P-0001			
Title or Position Assistant Treasurer						
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. JPMorgan Chase						
Mailing Address	1111 Polaris Parkway					
	Columbus	OH 43240				
	CITY	STATE	ZIP CODE			
Name of Bank, Deposit	tory, etc.					
Name of Bank, Deposit	tory, etc.					
Name of Bank, Deposit						

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

This is being amended to remove the State Farm Bank S.F.B.bank account that the PAC closed on Sept. 10, 2020.

Form/Schedule: Transaction ID: